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MAR 1 5 2006

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31904

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03/09/2006

GTC BIOTHERAPEUTICS, INC. 175 CROSSING BOULEVARD, SUITE 410 FRAMINGHAM, MA 01702

03/17/2006 MBELETE2 00000132 502092 10081400

01 FC:2501 02 FC:1504

700.00 DA 300.00 DA

03 FC:8001

30.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

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CONFIRMATION NO.

(Depositor's name)

(Signature)

(Date)

10/081,400

APPLICATION NO.

02/20/2002

Harry Meade

10275-041002

3033

TITLE OF INVENTION: ERYTHROPOIETIN ANALOG-HUMAN SERUM ALBUMIN FUSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	06/09/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
WOITACH, JOSEPH T		1632		530-350000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATEN	Γ (print or type)		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an assign for filing an assignment.	ee is identified below, the	document has been filed for
(A) NAME OF ASSIGN	IEE		(B) RESIDE	NCE: (CITY and STATE OR C	COUNTRY)	
GTC Biothera	apeutics, Inc.		Fram	ingham, Massachu		
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	patent):	orporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed:			4b. Payment of Fee(s):			
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Advance Order - # of Copies 10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502092 (enclose an extra copy of this form).			
5. Change in Entity Status	(from status indicated above	()			***	
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	cant is no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
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Authorized Signature	65ym	W	,	Date	3/14/06	
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